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CONFIRMATION NO. 8184

SERIAL NUMBER 10/814,989	FILING OR 371(c) DATE 03/31/2004 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 8627-372
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/003,011 11/01/2001 which claims benefit of 60/245,811 11/03/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	9	22	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Medical grasping device

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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